



State Employee Benefits Committee
May 13, 2016
DelaWELL Health Management Planning

Health Management Educational Series

- *April 22, 2016 SEBC Meeting*
 - SBO – Recapped DelaWELL past participation and lessons learned
 - Segal – Reviewed what other states are doing in the area of wellness promotion, including incentives
- *May 13, 2016 SEBC Meeting*
 - Highmark – Recap wellness and disease management services currently offered and importance of wellness assessment and annual physical
 - Truven – Look at disease prevalence and how health management can play a role in slowing down progression and improving population health
- *June 10, 2016 SEBC Meeting*
 - Review State initiatives with actionable items

Key Points For Today's Presentations

- An effective health management strategy can bring value through increased health awareness and improved health outcomes.
- Higher utilization of preventive services leads to healthier patients and lower costs.
- Disease Management programs can help the member navigate the healthcare system to get the most effective treatment available.

STATE OF DELAWARE

May 13, 2016



Strategy For Employee Wellness

Long-Term Goals

- Manage or reduce health care costs
- Reduce employee health risks
- Improve employee productivity

Short-Term Goals

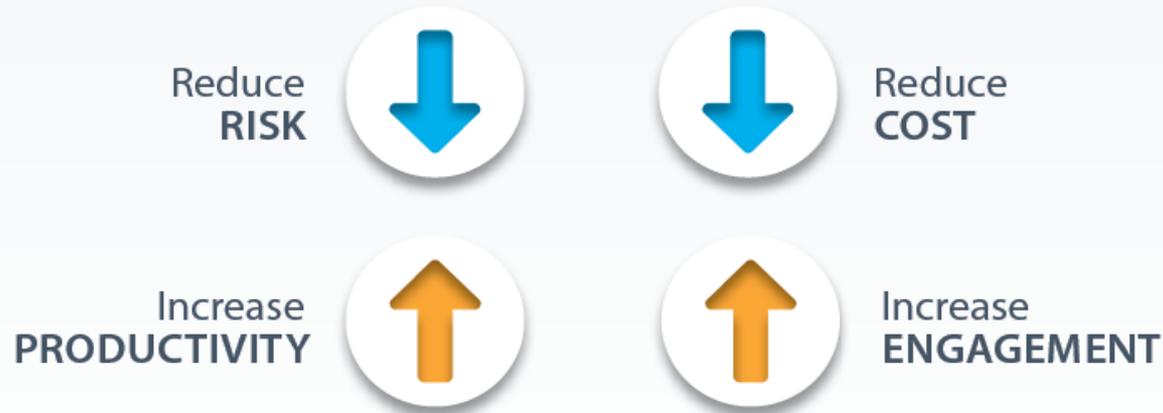
- Increase employee awareness
- Increase employee engagement



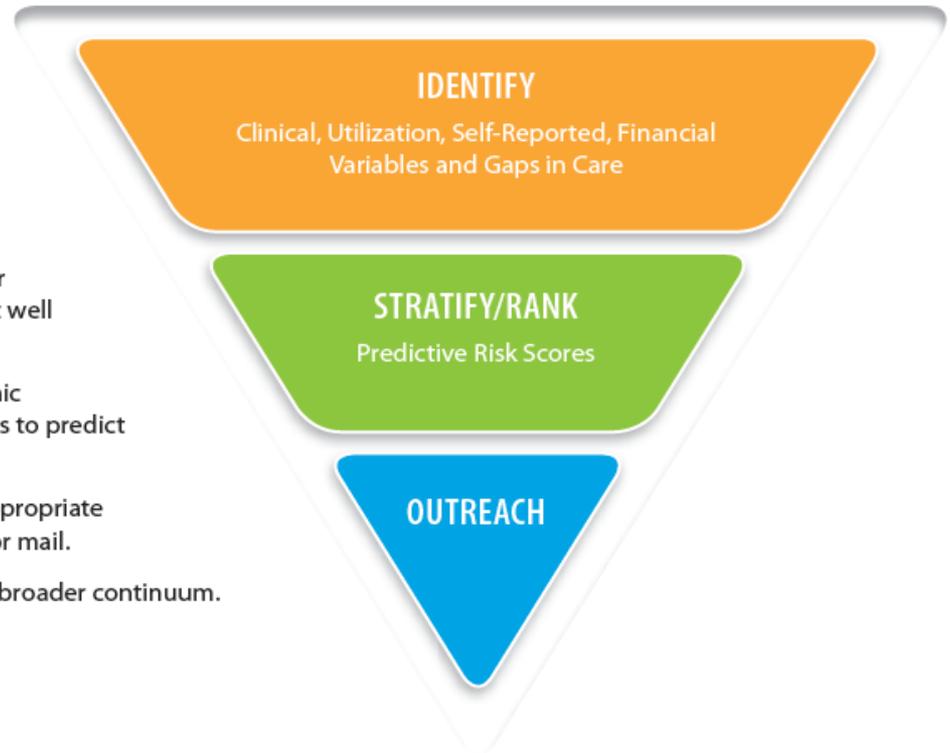
Reaching Across the Health Care Continuum



Integrated, proactive approach to health care management involves members at every stage of health and helps clients to effectively manage costs at every phase of care.



Right Person, Right Reason, Right Time



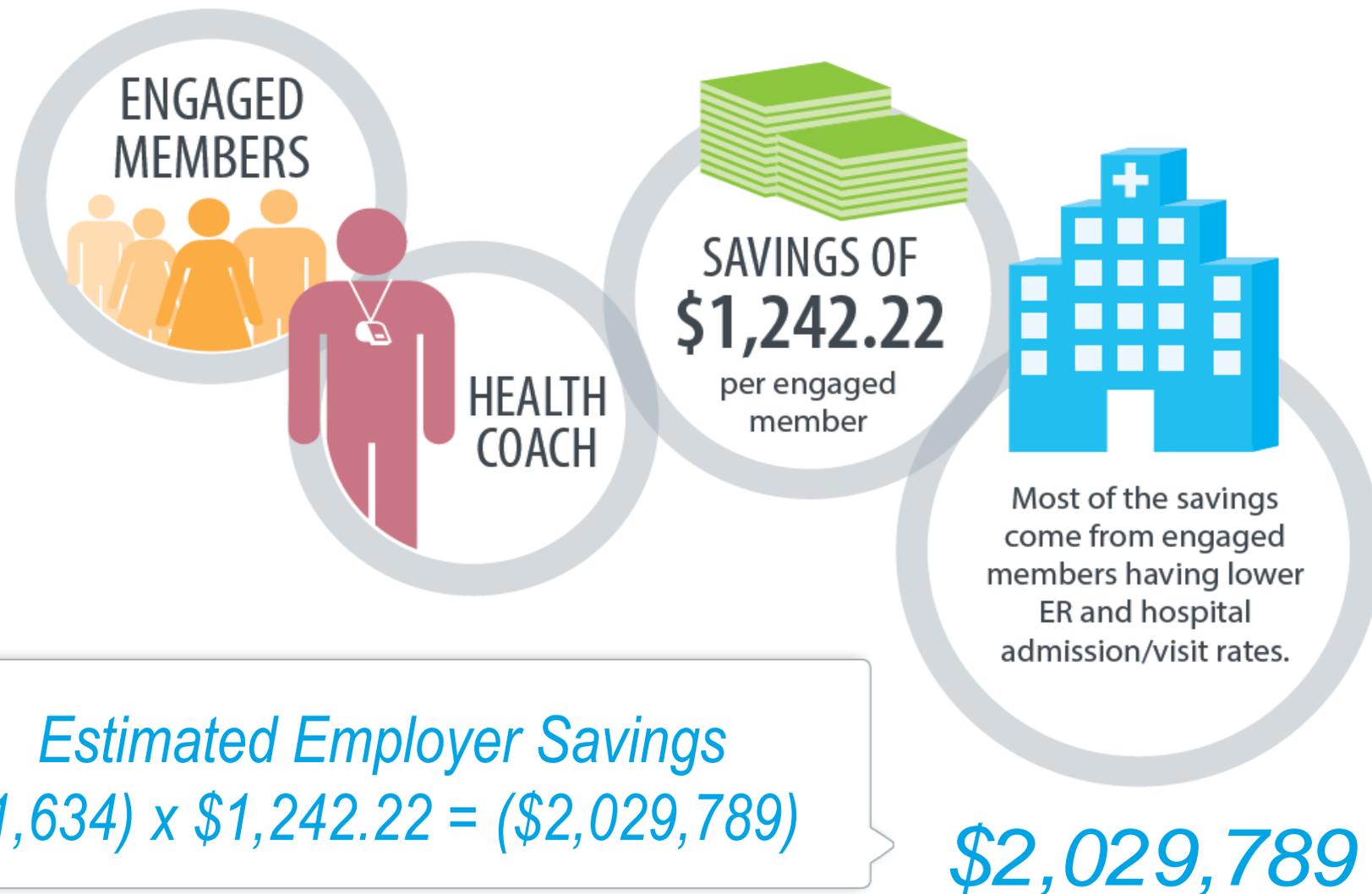
Health Coaching helps our members make better decisions about their health care, providing resources and support to help them stay well, get well or successfully manage a condition.

Predictive Risk Model analyzes health care spend, the burden of chronic disease, condition history, co-morbidity impact, and other clinical factors to predict the risk of members from one year to the next.

Risk and stratification process also helps us to determine the most appropriate outreach method: nurse health coach, interactive voice response (IVR), or mail.

The focus is on a wide range of emerging and modifiable risks across a broader continuum.

The Value of Health Coaching



Analysis looked at 300,000 targeted members

Increasing Health Awareness

Wellness Profile and Preventive Exam



**Wellness
Profile**



**Preventive
Physical
Exam**



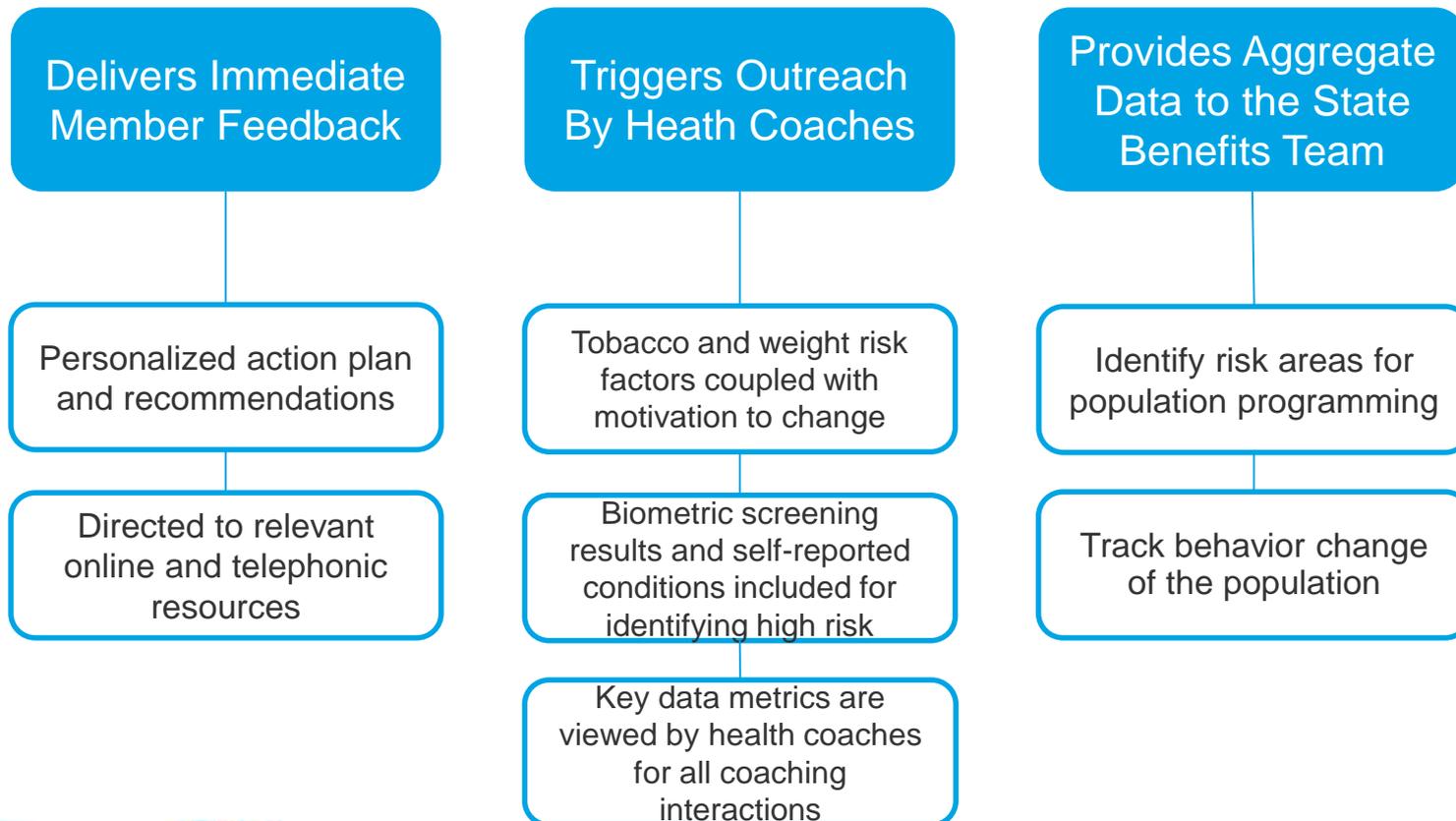
**Complete
Picture of
Health
Awareness**

Wellness Profile: Assess lifestyle behaviors that contribute to many chronic conditions and provide immediate feedback and resources

Preventive Physical Exam: Assess, diagnose, prescribe a treatment plan, recommend appropriate testing/screenings and evaluate current treatment plans

Value of Wellness Profile

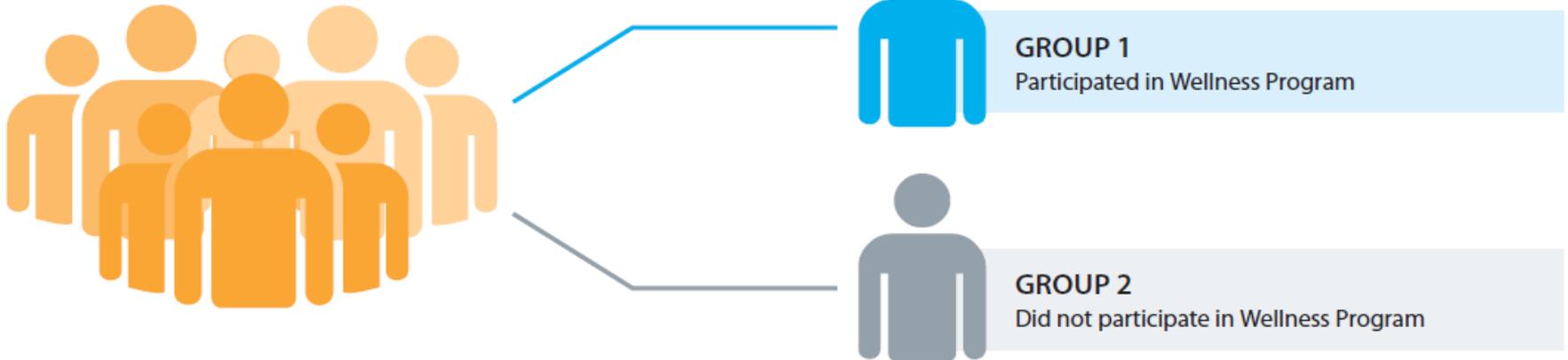
Comprehensive, interactive assessment tool for employees that addresses lifestyle factors such as exercise, nutrition, tobacco use, stress and sleep along with biometric values, life events and utilization of health care resources. The tool also assesses the employee's risk, readiness to change, motivation, confidence and productivity impairment.



The Value of Wellness

FOLLOW UP STUDY**

47 Employer groups were divided into 2 categories:



Group 1 realized a savings of \$332 more per employee:

If 20% of employees completed a wellness profile, estimated employer savings would be
 $8,006 \times \$332 = \$2,657,992$

** Williams, Laura C. PhD and Day, Brian T EdD. "Medical Cost Savings for Web-based Wellness Program Participants From Employers Engaged In Health Promotion." American Journal of Health Promotion. Volume 25 No. 4 (March/April 2011). Print.

Value of Preventive Physical Exam

- Nearly 20% of Americans with high blood pressure do not know they have an issue.¹
- Less than 10% of U.S. adults with prediabetes report that they have ever been told they have diabetes.²
- Half of U.S. adults with high blood pressure and two-thirds with high cholesterol do not have their condition under control.³⁻⁴

AVERAGE COSTS FOR PREVENTION		AVERAGE COSTS FOR TREATMENT	
Cholesterol Screening:	\$30	Heart Attack:	\$25,000 - \$95,000
Blood Pressure Monitoring:	\$0	Bypass Surgery: (without complications)	\$65,000
Daily Exercise:	\$0		
Balanced Diet:	\$0		

75% of chronic disease is preventable

80% of heart disease is preventable

90% of obesity is preventable

**26% State of Delaware employees
had a preventive physical exam in
the last year**

Importance of Worksite Wellness Culture

CULTURE

Supports the health and wellbeing of employees

ENGAGEMENT

Supportive culture leads to employee engagement and behavior change

OUTCOMES

Sustained behavior change results in financial and non-financial outcomes

2015 Incentive Results For Public Administration Clients

Incentive Method	Number of Incentives Offered (% of incentives offered)	Average Value	Average Participation %
Premium Differential	6 (33%)	\$383	59%
Cash	4 (22%)	\$338	50%
Paid Time Off	2 (11%)	\$160	66%
Raffle	2 (11%)	\$325	11%
Trinket(s)	2 (11%)	\$30	10%
Gift Card	1 (6%)	\$100	9%
Reduced Copay or Deductible	1 (6%)	\$350	89%

- In 2015, 14 clients offered 18 incentives
- Average participation was 46%



Delaware SEBC

Member Engagement and Chronic Conditions
May 13, 2016

Background & Objective

One of the keys to controlling healthcare costs and improving outcomes is **encouraging consumers to become actively involved in their healthcare.**

Faced with rising healthcare costs, employers are turning to **consumer-driven strategies.**

Because these plans require employees to play a larger role in their healthcare decision-making, **it's critical to help them make informed decisions.**



Our objective: examine the current state of member engagement in the State of Delaware population and identify opportunity in three areas:

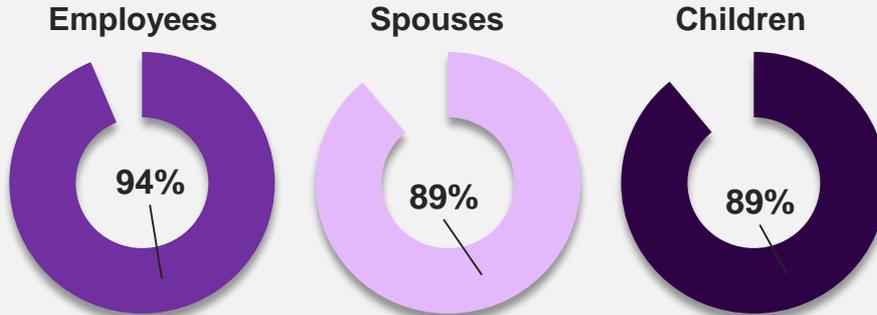
- Utilization of offered benefits and programs
- Closing gaps in care for preventive services and recommended care for chronic conditions
- Smart choices in use of available care

Study Population – Member Engagement

- Employees, Early Retirees and their dependents with medical coverage, unless otherwise specified (both Highmark and Aetna)
- Claims data based on medical and prescription drug claims incurred July 2014 through June 2015 (paid through February, 2016), unless otherwise specified

Benefit Utilization – Active and Early Retirees

% of Members Utilizing Medical or Rx Benefit by Relationship

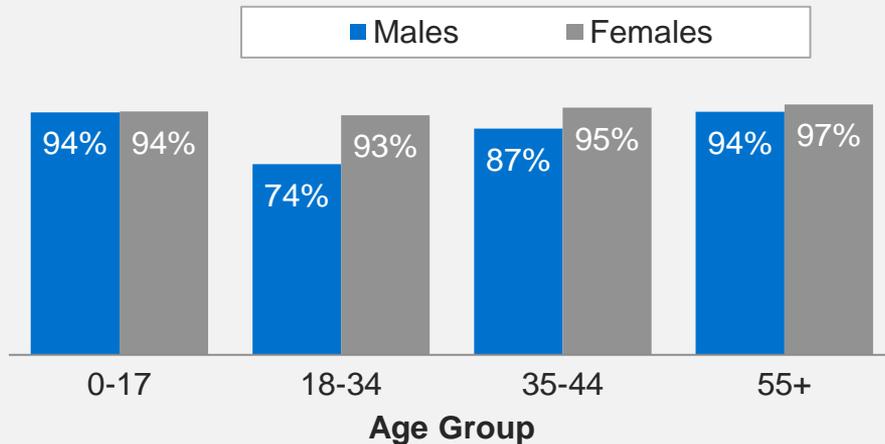


11% of members did not use the medical benefit

24% of members did not use the prescription drug (Rx) benefit

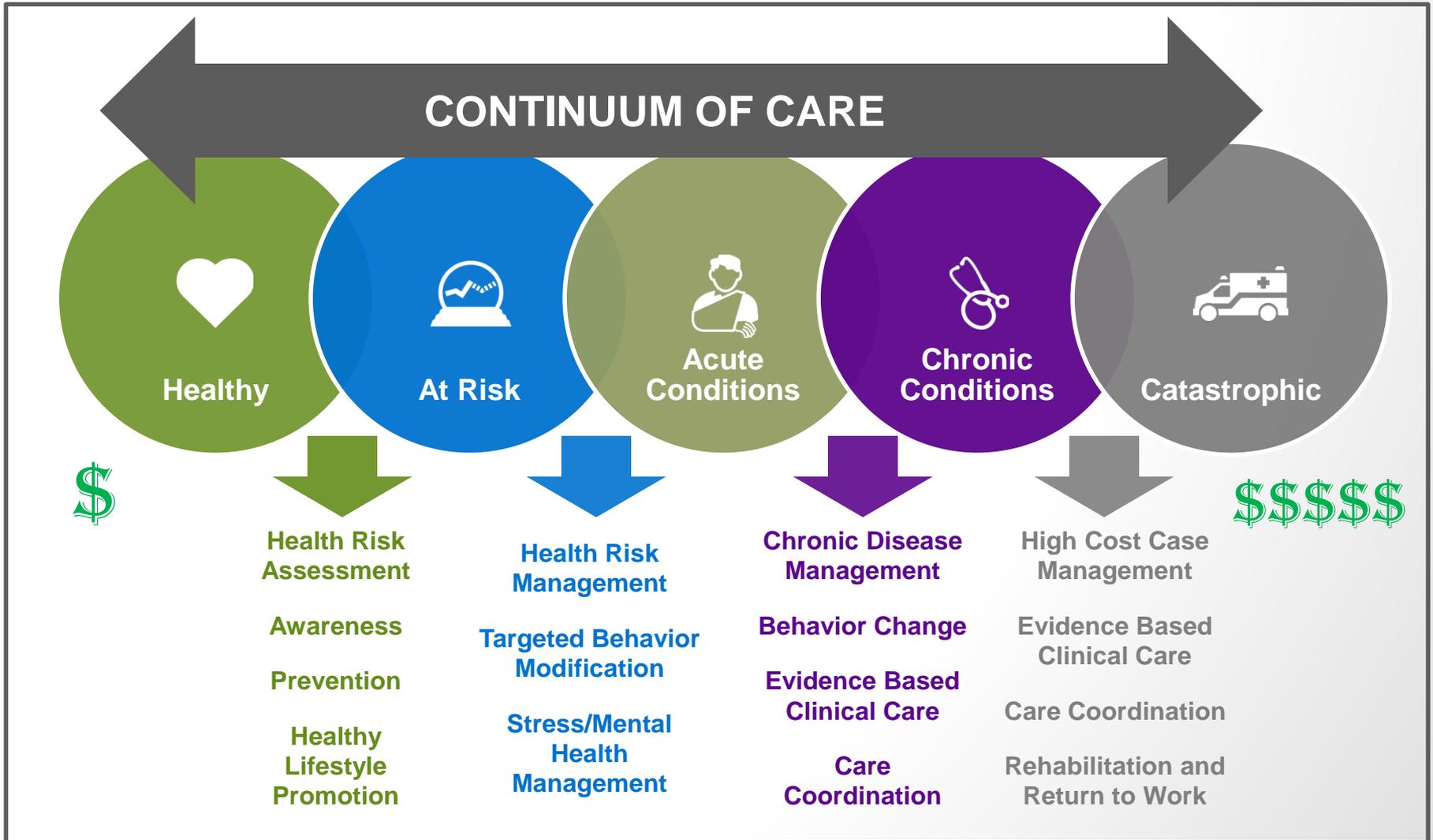
9% of members did not use either the medical or Rx benefit

% of Members Utilizing Medical or Rx Benefit by Age and Gender



- Overall, 9% of members did not use the medical or prescription drug benefit in the current rolling year
 - Males had lower utilization than females
- Males age 18-34 had the lowest use of benefits, with 26% of members not incurring a claim

Continuum of Care

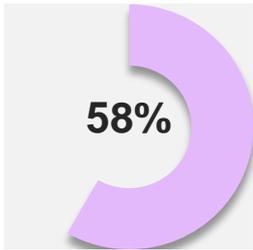


Preventive Care Utilization – Active and Early Retirees

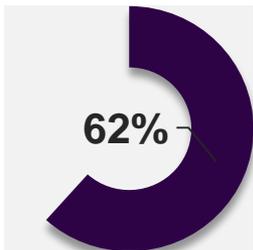
Employees with a Preventive Care Service



Spouses with a Preventive Care Service



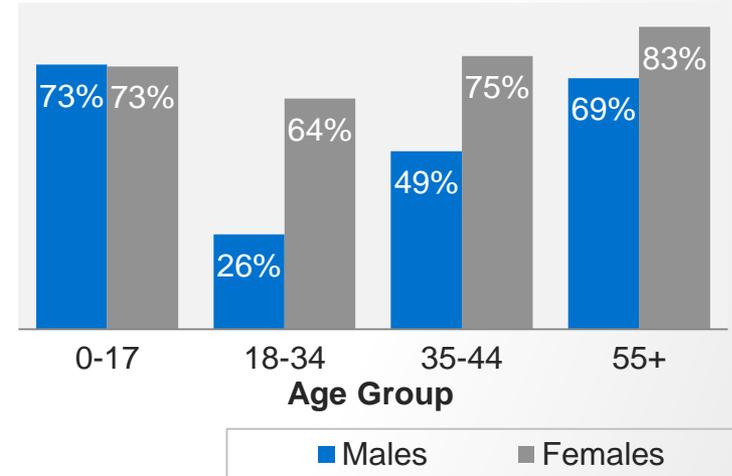
Children with a Preventive Care Service



26% of females did NOT receive a preventive care service

46% of males did NOT receive a preventive care service

% of Members with a Preventive Service

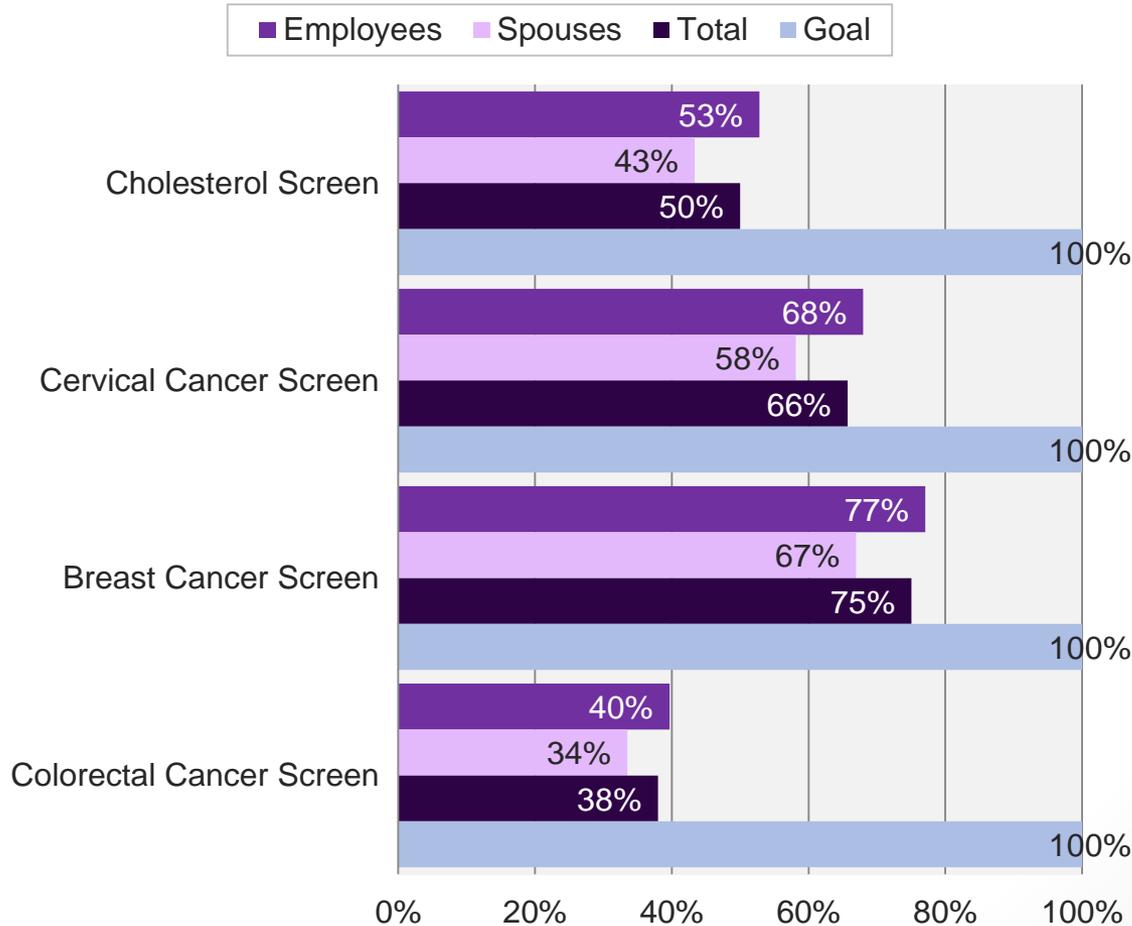


- Overall, 35% of members did not have a preventive care service in FY 2015.
- Males *age 18-34* had the lowest use of preventive care with 74% of members *not* incurring a preventative care service (followed by 51% of males age 35-44 without a preventative care service)

Recommended Preventive Screenings¹

Active and Early Retirees

Adherence to Recommended Guidelines



Among members for whom a test is appropriate:

- **50%** did not receive cholesterol screen
- **34%** did not receive cervical cancer screen
- **25%** did not receive a mammogram
- **62%** did not receive a colon cancer screen

¹See Appendix for Preventive Screening definitions

Disease Progression

All Members

Diseases are grouped into episode groups which can also be stratified by severity. A disease naturally progresses through major 'stages' of increasing complexity and system involvement.

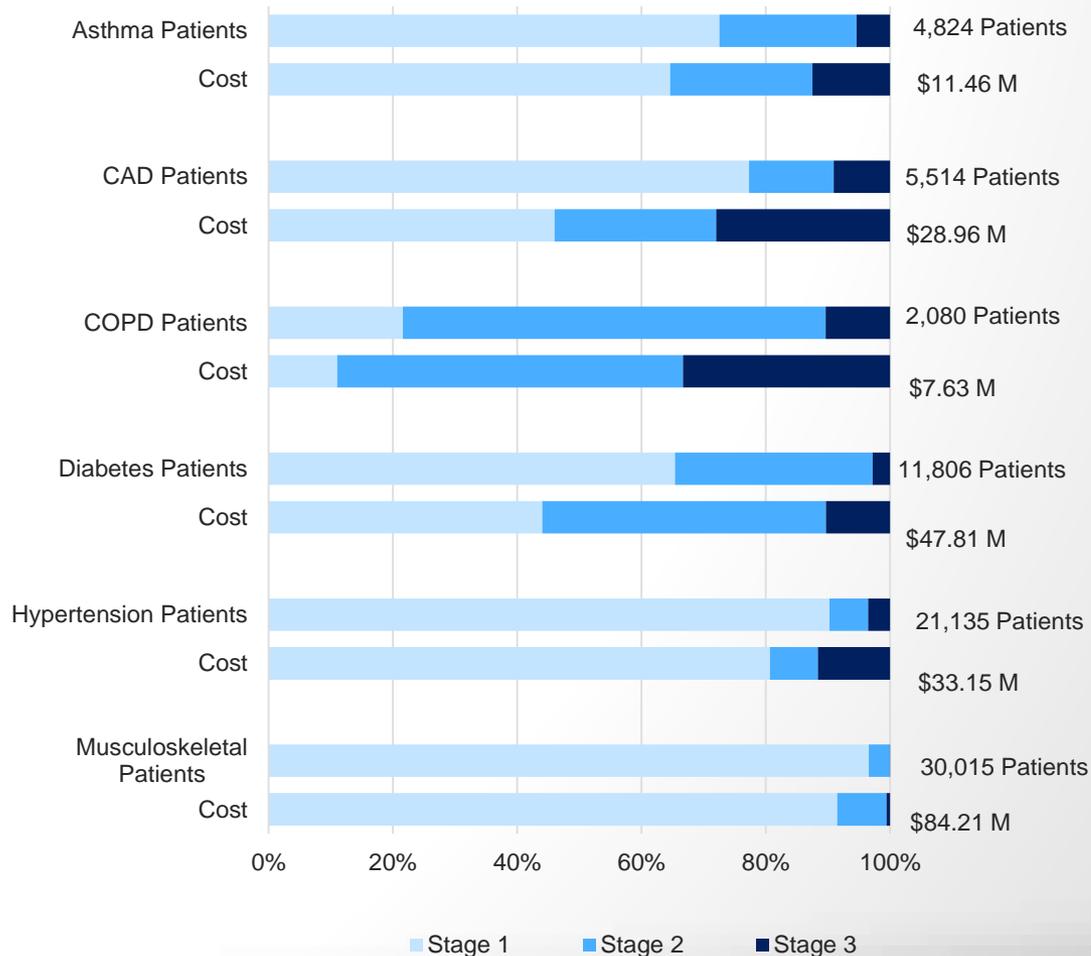
*Stage 1- A disease with no complications

*Stage 2- The disease has local complications

*Stage 3- The disease involves multiple sites or has systemic complications

*Stage 4- Death (not included in analysis)

Average Patients and Costs per Episode Stage
Stages 1 through 3*
Incurred FY 2015



*Patient counts are averaged. A patient may have more than one episode with different stages.

Disease Progression*

All Members

Stage 1 2014 Patients

	Patients	Avg Cost/Patient
Asthma	3,600	\$2,139
CAD	4,840	\$2,818
COPD	464	\$2,696



Stage 1 2014 Patients who became Stage 2 in 2015

	Patients	Avg Cost/Patient
Asthma	192	\$3,042
CAD	394	\$8,322
COPD	64	\$3,625

Potential savings from Preventing Disease Progression

	Additional Avg Cost/ Pat	Total Increase	Potential Savings if 15% did not progress
Asthma	\$903	\$173,317	\$25,998
CAD	\$5,504	\$2,168,540	\$325,281
COPD	\$929	\$59,438	\$8,916

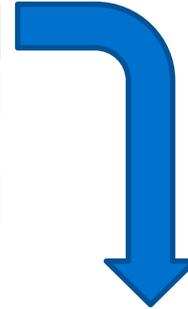
*Based upon claims incurred during the fiscal years

Disease Progression (continued)

All Members

Stage 1 2014 Patients

	Patients	Avg Cost/Patient
Diabetes	8,424	\$2,771
Hypertension	19,071	\$1,318
Musculoskeletal	28,676	\$2,616



Stage 1 2014 Patients who became Stage 2 in 2015

	Patients	Avg Cost/Patient
Diabetes	1,417	\$5,435
Hypertension	336	\$2,208
Musculoskeletal	589	\$7,621

Potential savings from Preventing Disease Progression

	Additional Avg Cost/ Pat	Total Increase	Potential Savings if 15% did not progress
Diabetes	\$2,664	\$3,774,969	\$566,245
Hypertension	\$890	\$299,079	\$44,862
Musculoskeletal	\$5,005	\$2,947,851	\$442,178

Findings

Delaware incurred over \$213 million in 2015 on patients with Asthma, CAD, COPD, Diabetes, Hypertension and Musculoskeletal episodes (Stages 1-3).

*Over \$9.4 million was spent on patients who migrated from Stage 1 in 2014 to a Stage 2 in 2015.

*If just 15% of these people did not progress to Stage 2, there are potential savings of over \$1.4 million.

Avoidable Admissions

All Members

Avoidable Admission Condition	Admits	Allowed Amount	Net Payment	Avoidable Admission Days
Angina without Procedure	11	\$84,006	\$52,112	23
Congestive Heart Failure (CHF)	293	\$4,108,506	\$1,813,841	1,584
Asthma	47	\$540,900	\$523,840	76
Chronic obstructive pulmonary disease (COPD)	132	\$1,516,901	\$729,948	631
Diabetes	130	\$1,999,478	\$1,411,239	712
Hypertension	29	\$268,878	\$164,379	69
Other Common Avoidable Admissions	579	\$9,278,174	\$6,349,585	3,429
All Common Avoidable Conditions	1,221	\$17,796,842	\$11,044,943	6,524

- Avoidable Admissions are hospital inpatient admissions that generally could have been avoided (including consideration of patient age, secondary diagnoses and principal procedures), if appropriate prior treatment had occurred.
 - The State of Delaware had over 1200 patients with one or more avoidable admissions in FY 2015 resulting \$11.0 M in payments.
 - \$4.7 M of these admission payments were from conditions that are risk-modifiable with lifestyle changes

Data: Time period encompasses Incurred FY 2015

Recap Key Points

- An effective health management strategy can bring value through increased health awareness and improved health outcomes.
- Higher utilization of preventive services leads to healthier patients and lower costs.
- Disease Management programs can help the member navigate the healthcare system to get the most effective treatment available.

Feedback or Questions?

- *Next Steps:*
 - *June 10, 2016 SEBC Meeting*
 - Review State initiatives with actionable items

Appendix: Compliance Measures By Type

- **Preventive Health**
 - Breast Cancer Screen
 - Cervical Cancer Screen
 - Chlamydia Screen
 - Colorectal Cancer Screen
 - Chicken Pox (VZV) Vaccine
 - Diphtheria/Tetanus/Pertussis (DTaP) Vaccine
 - H Influenza Type B (HiB) Vaccine
 - Hepatitis B Vaccine
 - Measles/Mumps/Rubella (MMR) Vaccine
 - Pneumococcal Conjugate Vaccine
 - Pneumonia Vaccine Polio (IPV) Vaccine
- **Diabetes**
 - Diabetes Eye Exam
 - Diabetes HbA1c < 8%*
 - Diabetes HbA1c < 9%*
 - Diabetes HbA1c Test
 - Diabetes HbA1c Test for Pediatric Patients
 - Diabetes LDL-C < 100 mg/dL*
 - Diabetes LDL-C < 130 mg/dL*
 - Diabetes Lipid Test
 - Diabetes Microalbumin Test for Nephropathy
- **Respiratory**
 - Asthma Medication Management
 - COPD Inhaled Bronchodilator Therapy
 - COPD Spirometry Evaluation
- **Behavioral Health**
 - ADHD Drug Continuation Phase Visits
 - ADHD Drug Initiation Phase Visits
 - Depression Acute Phase Therapy
 - Depression Continuation Phase Therapy
 - Depression Optimal Practitioner Visits
- **Medication Management**
 - Annual Monitoring of ACE/ARB Drugs
 - Annual Monitoring of Anticonvulsant, Carbamazepine
 - Annual Monitoring of Anticonvulsant, Phenobarbital
 - Annual Monitoring of Anticonvulsant, Phenytoin
 - Annual Monitoring of Anticonvulsant, Valproic Acid
 - Annual Monitoring of Digoxin
 - Annual Monitoring of Diuretics
- **Cardiovascular**
 - CAD ACE Inhibitor/ARB Therapy
 - CAD Antiplatelet Therapy
 - CAD Beta Blocker Therapy 6 Months Post MI
 - CAD Beta Blocker Therapy 7 Days Post MI
 - CAD Beta Blocker Therapy Prior MI
 - CAD Event Cholesterol Test
 - CAD LDL Lowering Drug Therapy
 - CAD LDL-C < 100 mg/dL*
 - CAD LDL-C < 130 mg/dL*
 - CAD Lipid Test
 - Heart Failure ACE Inhibitor/ARB Therapy
 - Heart Failure Beta Blocker Therapy
 - Heart Failure LVF Assessment
 - Heart Failure with Atrial Fib Warfarin Therapy

*Only calculated if lab result data is available

Appendix: Preventive Screening Measures

- **Breast Cancer Screen Rate** is the number of women members, aged 42 to 69 years, who had a mammogram done during the measurement year or the year prior to the measurement year, expressed as a percentage of the total number of women members, aged 42 to 69 years at the end of the measurement period. It excludes women who had a bilateral mastectomy or two unilateral mastectomies on different service dates anytime prior to or during the measurement period, based on claims included in the database.
- **Cervical Cancer Screen Rate** is the number of women members, aged 24 to 64 years, who had a Pap test done during the measurement year or in the two years prior to the measurement year, expressed as a percentage of the total number of women members aged 24 to 64 years. It excludes women who had a hysterectomy with no residual cervix anytime prior to or during the measurement period, based on claims included in the database.
- **Colon Cancer Screen Rate** is the number of members, aged 51 to 75 years, who had appropriate screening for colorectal cancer, expressed as a percentage of the total number of members aged 51 to 75 years. Colorectal cancer screening tests include the following: a fecal occult blood test during the measurement year, a flexible sigmoidoscopy during the measurement year or within the previous four years, or a colonoscopy during the measurement year or within the previous nine years. It excludes people who had a total colectomy or a diagnosis of colorectal cancer anytime prior to or during the measurement period, based on claims included in the database.
- **Cholesterol Screening Rate** is the number of patients who received facility or professional cholesterol screening services provided under medical coverage, expressed as a percentage of the average number of members for whom this test is appropriate. Cholesterol Screens identifies lipid screening tests for males aged 35 years and older and females aged 45 years and older. Lipid screening tests are defined as lipid panels, serum cholesterol tests, blood lipoprotein tests (e.g., HDL, LDL), and triglyceride tests. Source for age and gender criteria: US Preventive Services Task Force